Case 16-23995 Doc 1 Filed 07/26/16 Entered 07/26/16 20:06:13 Desc Main Document Page 1 of 48

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	ENRIQUE Middle name	First name Middle name
	Bring your picture	ZAMARRIPA	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	LUIS E ZAMARRIPA LUIS ZAMARRIPA	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4498	

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Case number (if known)

Debtor 1 LUIS ENRIQUE ZAMARRIPA

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	3732 S. 57TH AVENUE	If Debtor 2 lives at a different address:
		Cicero, IL 60804 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Cook	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 LUIS ENRIQUE ZAMARRIPA

QUE ZAMARRIPA Case number (if known)

Par	t 2: Tell the Court About	Your I	3ankruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice I</i> f page 1 and check th		. § 342(b) for Individuals Fil	ing for Bankruptcy
	choosing to file under	Chapter 7						
			Chapter 11					
			Chapter 12					
			Chapter 13					
			·					
3.	How you will pay the fee		about how yo	ou may pay. Туր attorney is sub	oically, if you are paying	ng the fee yourself, yo	e clerk's office in your local of ou may pay with cash, cashi attorney may pay with a cred	er's check, or money
					tallments. If you choosts (Official Form 103A		and attach the Application for	r Individuals to Pay
			but is not req applies to you	uired to, waive ur family size aı	your fee, and may do nd you are unable to p	so only if your incompay the fee in installm	rou are filing for Chapter 7. e is less than 150% of the cents). If you choose this opt 103B) and file it with your p	official poverty line that tion, you must fill out
).	Have you filed for bankruptcy within the	■ N						
	last 8 years?		es.					
			District		Whei		Case number	
			District		Whei			
			District		Whei	1	Case number	
10.	Are any bankruptcy	■ N	lo					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	ΠY	es.					
	affiliate?							
			Debtor	-	\A/I	_	Relationship to you	
			District		Whei	1	Case number, if known	
			Debtor		\\/ha		Relationship to you	
			District		When	I	Case number, if known	
11.	Do you rent your residence?	■ N	lo. Go to l	ine 12.				
		ПΥ	es. Has yo	our landlord obta	ained an eviction judg	ment against you and	d do you want to stay in you	r residence?
				No. Go to line	12.			
				Yes. Fill out Inbankruptcy pe		an Eviction Judgmen	t Against You (Form 101A)	and file it with this

Debtor 1 LUIS ENRIQUE ZAMARRIPA Document Page 4 of 48 Case number (if known)

art	3: Report About Any Bu	sinesses `	You Own	as a Sole Proprieto	tor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.		
		☐ Yes.	Name	and location of busin	siness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State	te & ZIP Code	
	it to this petition.		Check	the appropriate box	ox to describe your business:	
				Health Care Busine	ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real I	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))	
				Commodity Broker	er (as defined in 11 U.S.C. § 101(6))	
				None of the above	e	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	s. If you in s, cash-flo	dicate that you are a ow statement, and fe	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure	
	For a definition of small	■ No.	I am not filing under Chapter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	•	11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am fi	ling under Chapter 1	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Part	4: Report if You Own or	Have Any	Hazardo	us Property or Any	y Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is t	he hazard?		
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			the property?	Number, Street, City, State & Zip Code	

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Debtor 1 LUIS ENRIQUE ZAMARRIPA

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 LUIS ENRIQUE ZAMARRIPA Document Page 6 of 48 Case number (if known)

Par	6: Answer These Quest	ons for R	eporting Purposes					
16.	What kind of debts do you have?	16a.		sumer debts? Consumer debts are defir al, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.		ness debts? Business debts are debts thent or through the operation of the business.				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe that are not consumer debts or business debts					
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7.	Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.						
	administrative expenses		□ No					
	are paid that funds will be available for distribution to unsecured creditors?		Yes		that you incurred to obtain iness or investment. see debts erty is excluded and administrative expenses? 25,001-50,000 50,001-100,000 More than100,000 More than100,000 151,000,000,001 - \$10 billion 1510,000,000,001 - \$50 billion 1510,000,000,001 - \$10 billion 1510,000,000,000 - \$10 billion			
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	☐ 50-99		□ 5001-10,000	5 0,001-100,000			
		☐ 100-1 ☐ 200-9		☐ 10,001-25,000	☐ More than100,000			
		L 200-9	99					
19.	How much do you estimate your assets to	□ \$0 - \$,	□ \$1,000,001 - \$10 million				
	be worth?		01 - \$100,000					
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million				
20.	How much do you	□ \$0 - \$50,000		☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million				
			001 - \$500,000	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million				
		□ \$500,	001 - \$1 million	— \$\psi \psi \tau \tau \tau \tau \tau \tau \tau \tau	- Wore than \$50 billion			
Par	7: Sign Below							
For	you	I have ex	amined this petition, and I declare	e under penalty of perjury that the inform	nation provided is true and correct.			
				am aware that I may proceed, if eligible, if available under each chapter, and I ch				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request	relief in accordance with the chap	pter of title 11, United States Code, spec	ified in this petition.			
			cy case can result in fines up to \$	ncealing property, or obtaining money o 3250,000, or imprisonment for up to 20 y				
			ENRIQUE ZAMARRIPA NRIQUE ZAMARRIPA	Signature of Debtor	2			
			e of Debtor 1	Signature of Debtor	<u> </u>			
		Executed	on July 26, 2016	Executed on				
			MM / DD / YYYY	MM	/ DD / YYYY			

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Debtor 1 LUIS ENRIQUE ZAMARRIPA

Bar number & State

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Case number (if known)

/s/ ESPERANZA RIVERA-VALENZUELA ST OF IL NO	TATE Date	July 26, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
ESPERANZA RIVERA-VALENZUELA STAT	E OF IL NO	
Printed name		
LAW OFFICES OF ESPERANZA RIVERA-V	'ALENZUELA, LLC	
Firm name		
6418 W. OGDEN		
BERWYN, IL 60402		
Number, Street, City, State & ZIP Code		
Contact phone 708-749-8600	Email address	ATTORNEYESPERANZA@SBCGLOB_AL.NET
6282077	_	

		Docume	ent Page 8 of 4	<u>48 </u>	
Fill in this inform	nation to identify your	case:			
Debtor 1	LUIS ENRIQUE Z	AMARRIPA			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					☐ Check if this is an
					amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	169,684.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	22,032.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	191,716.00
Par	2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	189,920.87
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	4,562.28
	Your total liabilities	\$	194,483.15
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,629.63
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,688.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a nereonal	family or

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) Debtor 1 LUIS ENRIQUE ZAMARRIPA

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

994.10

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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ill in	this inform	ation to identify y	our case and th		F 80E 10 01 40			
Debto	or 1	LUIS ENRIQU	E ZAMARRIP	A				
Nobto	Nr 2	First Name	Middle	Name	Last Name			
ebtc Spous	or ∠ e, if filing)	First Name	Middle	Name	Last Name			
Inite	d States Ban	kruptcy Court for th	ne: NORTHER	N DISTRICT OF ILL	INOIS			
`ase	number						_	Check if this is ar
,asc					<u> </u>			Check if this is an amended filing
each	nedule n category, se fits best. Be	as complete and ac space is needed, att	cribe items. List	e. If two married peop	f an asset fits in more than one ble are filing together, both are the top of any additional pages,	equally responsible	ofor supp	olying correct
art 1					g, land, or similar property?			
	No. Go to Part	2.						
I	es. Where is	the property?						
•	Street address, if	TH AVENUE available, or other descri		Single-family Duplex or m Condominiu	rty? Check all that apply y home ulti-unit building m or cooperative ad or mobile home	the amount of any	secured ove Claims	ns or exemptions. Put claims on Schedule D: Secured by Property. Current value of the
_	Cicero		60804-0000	Land		entire property? \$169,684		portion you own?
	City	State	ZIP Code	☐ Investment p☐ Timeshare☐ Other☐ Who has an intere☐ Debtor 1 onl	st in the property? Check one	Describe the natu	ıre of you ble, tenan	\$169,684.00 ir ownership interest cy by the entireties, o
_	Cook			Debtor 2 onl	y			
(County			_	d Debtor 2 only of the debtors and another	Check if this (see instructions		unity property
					you wish to add about this iten	n, such as local		
		r value of the port						

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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Case number (if known) Document Debtor 1 **LUIS ENRIQUE ZAMARRIPA** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put **CHEVROLET** Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **MALIBU** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2015 Year: Debtor 2 only Current value of the Current value of the 20899 portion you own? Approximate mileage: Debtor 1 and Debtor 2 only entire property? Other information: ☐ At least one of the debtors and another Location: 3732 S. 57TH \$15,326.00 \$15,326.00 **AVENUE, Cicero IL 60804** ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$15,326.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... STOVE AND REFRIGERATOR \$50.00 Location: 3732 S. 57TH AVENUE, Cicero IL 60804 **MICROWAVE** POTS, PANS AND UTENSILS \$50.00 Location: 3732 S. 57TH AVENUE, Cicero IL 60804 **TABLE AND 3 CHAIRS** \$25.00 Location: 3732 S. 57TH AVENUE, Cicero IL 60804 **SOFA AND CHAIR** \$75.00 Location: 3732 S. 57TH AVENUE, Cicero IL 60804 **2 BEDS WITH FRAME AND DRESSER** \$150.00 Location: 3732 S. 57TH AVENUE, Cicero IL 60804 **WASHER AND DRYER** \$50.00 Location: 3732 S. 57TH AVENUE, Cicero IL 60804

Doc 1

Official Form 106A/B Schedule A/B: Property page 2

Desc Main

D	ebtor 1	LUIS ENRIQUE ZAMARRIPA Document Page 12 of 48 Case number (if known)	
D	ebioi i	LOIS ENRIQUE ZAMARRIPA Case Humber (# Mowil)	
7.	Electroi Exampl	nics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music c including cell phones, cameras, media players, games	collections; electronic devices
	□No		
	■ Yes.	Describe	
		COMPUTER WITH DESK Location: 3732 S. 57TH AVENUE, Cicero IL 60804	\$50.00
		CELL PHONE Location: 3732 S. 57TH AVENUE, Cicero IL 60804	\$100.00
8.	Collecti	bles of value	
٥.	Examp	les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin other collections, memorabilia, collectibles	, or baseball card collections;
	■ No □ Yes.	Describe	
9.		ent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments	and kayaks; carpentry tools;
	■ No □ Yes.	Describe	
10	. Firearı Examı	ms ples: Pistols, rifles, shotguns, ammunition, and related equipment	
	■ No	Describe	
11	□ No	ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	■ Yes.	Describe	
		MISC. WEARING APPARELL, SHOES, SHIRTS, UNDERGARMENTS	\$100.00
12	■ No	ry poles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, godes: Describe	gold, silver
13	Exam	orm animals poles: Dogs, cats, birds, horses	
	■ No □ Yes.	Describe	
14	. Any ot	ther personal and household items you did not already list, including any health aids you did not list	
	☐ Yes.	Give specific information	
15		the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here	\$650.00
P	art 4: De	escribe Your Financial Assets	
		wn or have any legal or equitable interest in any of the following?	Current value of the portion you own?
			Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 3

	Case	16-23995	Doc 1	Filed 07/26/16		Desc Main
Deb	tor 1 LUIS EI	NRIQUE ZAM	ARRIPA	Document	Page 13 of 48 Case number (if known)	
16. (Cash					
_		y you have in yo	our wallet, in y	our home, in a safe depo	osit box, and on hand when you file your petiti	ion
_	_					
					Cash Location:	
					3732 S. 57TH	
					AVENUE,	
					Cicero IL 60804	\$20.00
	Deposits of mon					
				al accounts; certificates of counts with the same ins	of deposit; shares in credit unions, brokerage titution, list each.	houses, and other similar
] No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Yes			Institution r	name:	
					CHECKING ENDING 2535	
		17.1.	Checking	PO BOX '	1800 AUL MINNESOTA, 55101-0800	\$100.00
				<u>OAMT 17</u>	101 mm 11200 171, 00101 0000	· · · · · · · · · · · · · · · · · · ·
					SAVINGS ACCOUNT ENDING 8550	
		17.2.	Savings	PO BOX ² SAINT PA	AUL, MINNESOTA 55101-0800	\$100.00
						·
_	No Yes		Institution or is	ssuer name:		
	Non-publicly trac joint venture I No	ded stock and i	interests in ir	ncorporated and uninco	orporated businesses, including an interes	st in an LLC, partnership, and
_	■ No] Yes. Give spec	rific information:	about them			
			ne of entity:		% of ownership:	
	Negotiable instru	<i>ment</i> s include p	ersonal check		egotiable instruments missory notes, and money orders. by signing or delivering them.	
	No					
	Yes. Give speci		bout them er name:			
21. I	Retirement or pe Examples: Intere			1(k), 403(b), thrift saving	s accounts, or other pension or profit-sharing	plans
	No					
	Yes. List each a	•	ely. of account:	Institution r	name.	
		,,		msutution	laine.	
		unused deposit	s you have ma		tinue service or use from a company ctric, gas, water), telecommunications compa	nies, or others
	No Yes			Institution r	name or individual:	
_	Annuities (A conf	tract for a period	lic payment of	money to you, either for	r life or for a number of years)	
	• No] Yes	Issuer name	e and descript	ion.		
	nterests in an ed 6 U.S.C. §§ 530(l				ogram, or under a qualified state tuition pro	ogram.
_	■ No		(-/(/-			
] Yes	Institution n	ame and desc		ne records of any interests.11 U.S.C. § 521(c)	c.
Offic	al Form 106A/B			Schedule A/B: F	Property	page 4

Debtor 1		LIACHMANt	Dana 1/1 ot //2	
	LUIS ENRIQUE ZAMARRIF	Document PA	Page 14 of 48 Case number (if ki	nown)
_	, equitable or future interests in	property (other than anythin	g listed in line 1), and rights or power	s exercisable for your benefit
■ No □ Yes.	Give specific information about the	nem		
	s, copyrights, trademarks, trade			
_ ′	oles: Internet domain names, webs	sites, proceeds from royalties a	nd licensing agreements	
■ No □ Yes.	Give specific information about the	nem		
	es, franchises, and other gener			
			holdings, liquor licenses, professional	licenses
■ No				
⊔ Yes.	Give specific information about the	iem		
Money or	property owed to you?			Current value of the portion you own?
				Do not deduct secured claims or exemptions.
29 Tay ro	funds owed to you			7.2 2. 2
	idilas owed to you			
Yes.	Give specific information about th	em, including whether you alrea	ady filed the returns and the tax years	
		2015 FEDERAL TAX REF	FUND	\$5,341.00
		2015 STATE TAX REFUN		
		Location: 3732 S. 57 Cicero IL 60804	IH AVENUE,	\$495.00
29. Family				
<i>Exam_l</i> ■ No	oles: Past due or lump sum alimor	y, spousal support, child support	ort, maintenance, divorce settlement, pro	pperty settlement
	Give specific information			
	•			
	amounts someone owes you			
			efits, sick pay, vacation pay, workers' c	ompensation, Social Security
	oles: Unpaid wages, disability insu		efits, sick pay, vacation pay, workers' c	ompensation, Social Security
Exam _i ■ No	oles: Unpaid wages, disability insu		efits, sick pay, vacation pay, workers' co	ompensation, Social Security
Exam _i ■ No □ Yes. 31. Interes	oles: Unpaid wages, disability insubenefits; unpaid loans you m Give specific information sts in insurance policies	ade to someone else		
■ No □ Yes. 31. Interes	oles: Unpaid wages, disability insubenefits; unpaid loans you m Give specific information sts in insurance policies	ade to someone else	efits, sick pay, vacation pay, workers' co	
Examp No □ Yes. 31. Interes Examp No	oles: Unpaid wages, disability insubenefits; unpaid loans you make Give specific information Sts in insurance policies oles: Health, disability, or life insurance.	ande to someone else ance; health savings account (I		
Examp No □ Yes. 31. Interes Examp No	oles: Unpaid wages, disability insubenefits; unpaid loans you m Give specific information sts in insurance policies	ance; health savings account (leach policy and list its value.		nsurance Surrender or refund
Examp ■ No □ Yes. 31. Interes Examp ■ No □ Yes.	bles: Unpaid wages, disability insubenefits; unpaid loans you make Give specific information Sets in insurance policies bles: Health, disability, or life insurance the insurance company of Company recompany recomp	ance; health savings account (I each policy and list its value.	HSA); credit, homeowner's, or renter's ir Beneficiary:	nsurance
Examp No □ Yes. 31. Interes Examp ■ No □ Yes. 32. Any in	bles: Unpaid wages, disability insubenefits; unpaid loans you make Give specific information Give specific information Give specific information Sts in insurance policies bles: Health, disability, or life insurance company of Company received the company of Company received the company received the company of the company received the	ance; health savings account (I each policy and list its value. hame:	HSA); credit, homeowner's, or renter's ir Beneficiary:	Surrender or refund value:
■ No □ Yes. 31. Interes Examp ■ No □ Yes. 32. Any in If you someo	bles: Unpaid wages, disability insubenefits; unpaid loans you make Give specific information Give specific information Give specific information Sts in insurance policies bles: Health, disability, or life insurance company of Company received the company of Company received the company received the company of the company received the	ance; health savings account (I each policy and list its value. hame:	HSA); credit, homeowner's, or renter's ir Beneficiary:	Surrender or refund value:
Examp No □ Yes. 31. Interes Examp □ No □ Yes. 32. Any in If you some □ No	bles: Unpaid wages, disability insubenefits; unpaid loans you modern fits; unpaid loans you modern fits; unpaid loans you modern fits in insurance policies bles: Health, disability, or life insurance company of Company received in property that is due your enterest in property that is due your enterest in group fits a living trust one has died.	ance; health savings account (I each policy and list its value. hame:	HSA); credit, homeowner's, or renter's ir Beneficiary:	Surrender or refund value:
■ No □ Yes. 31. Interes Examp ■ No □ Yes. 32. Any in If you someo	bles: Unpaid wages, disability insubenefits; unpaid loans you moderate specific information. Give specific information Sts in insurance policies bles: Health, disability, or life insurance company of Company received the beneficiary of a living trust	ance; health savings account (I each policy and list its value. hame:	HSA); credit, homeowner's, or renter's ir Beneficiary:	Surrender or refund value:
■ No □ Yes. 31. Interes Examp ■ No □ Yes. 32. Any in If you somec ■ No □ Yes. 33. Claims	coles: Unpaid wages, disability insubenefits; unpaid loans you make the specific information. Give specific information. Give specific information. Name the insurance company of Company received in property that is due your are the beneficiary of a living trust one has died. Give specific information	ance; health savings account (leach policy and list its value. name: u from someone who has die, expect proceeds from a life insert proceed from a life i	HSA); credit, homeowner's, or renter's in Beneficiary: d surance policy, or are currently entitled to the surance policy.	Surrender or refund value:
■ No □ Yes. 31. Interes Examp ■ No □ Yes. 32. Any in If you somec ■ No □ Yes. 33. Claims	coles: Unpaid wages, disability insubenefits; unpaid loans you make Give specific information. Give specific information. Give specific information. Name the insurance company of Company received in property that is due your are the beneficiary of a living trust one has died. Give specific information.	ance; health savings account (leach policy and list its value. name: u from someone who has die, expect proceeds from a life insert proceed from a life i	HSA); credit, homeowner's, or renter's in Beneficiary: d surance policy, or are currently entitled to the surance policy.	Surrender or refund value:
Examp No □ Yes. 31. Interes Examp No □ Yes. 32. Any in If you some of No □ Yes. 33. Claims Examp No □ No	coles: Unpaid wages, disability insubenefits; unpaid loans you make the specific information. Give specific information. Give specific information. Name the insurance company of Company received in property that is due your are the beneficiary of a living trust one has died. Give specific information	ance; health savings account (leach policy and list its value. name: u from someone who has die, expect proceeds from a life insert proceed from a life i	HSA); credit, homeowner's, or renter's in Beneficiary: d surance policy, or are currently entitled to the surance policy.	Surrender or refund value:

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Case 16-23995 Doc 1

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Debt	or 1 LUIS ENRIQUE ZAMARRIPA	Document	————	Case number (if known)	
_	other contingent and unliquidated claims of even No Yes. Describe each claim	ery nature, including	g counterclaims (of the debtor and rights to	set off claims
35 A	ny financial assets you did not already list				
	No				
	Yes. Give specific information				
36.	Add the dollar value of all of your entries from for Part 4. Write that number here				\$6,056.00
Part	Describe Any Business-Related Property You Ow	n or Have an Interest In	n. List any real esta	ate in Part 1.	
37. D	o you own or have any legal or equitable interest in a	ny business-related pr	operty?		
_	No. Go to Part 6.				
	Yes. Go to line 38.				
Part	5: Describe Any Farm- and Commercial Fishing-Rela	ated Property You Owr	or Have an Interes	st In	
· are	If you own or have an interest in farmland, list it in Pa				
46. C	o you own or have any legal or equitable inter	est in any farm- or c	ommercial fishir	ng-related property?	
	No. Go to Part 7.	, , , , , ,		5	
	☐ Yes. Go to line 47.				
Part	Describe All Property You Own or Have an Ir	nterest in That You Did	Not List Above		
	to you have other property of any kind you did Examples: Season tickets, country club membersh				
	No				
	Yes. Give specific information				
54.	Add the dollar value of all of your entries from	Part 7. Write that nu	umber here		\$0.00
Part	List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$169,684.00
56.	Part 2: Total vehicles, line 5		\$15,326.00		
57.	Part 3: Total personal and household items, lin	ne 15	\$650.00		
	Part 4: Total financial assets, line 36	_	\$6,056.00		
	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property	y, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 6	1	\$22,032.00	Copy personal property t	otal \$22,032.00
63.	Total of all property on Schedule A/B. Add line	55 + line 62			\$191,716.00

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	mation to identify your	case:		
Debtor 1	LUIS ENRIQUE Z	AMARRIPA		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the I	Property	You	Claim a	s Exemp	ıt
---------	----------	-------	----------	-----	---------	---------	----

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	portion you own	Aiii	ount of the exemption you claim	opeome laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
3732 S. 57TH AVENUE Cicero, IL 60804 Cook County	\$169,684.00		\$7,862.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2015 CHEVROLET MALIBU 20899 miles	\$15,326.00		\$2,400.00	735 ILCS 5/12-1001(c)
Location: 3732 S. 57TH AVENUE, Cicero IL 60804 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
STOVE AND REFRIGERATOR Location: 3732 S. 57TH AVENUE,	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
Cicero IL 60804 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
MICROWAVE POTS. PANS AND UTENSILS	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
Location: 3732 S. 57TH AVENUE, Cicero IL 60804 Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit	
TABLE AND 3 CHAIRS Location: 3732 S. 57TH AVENUE,	\$25.00		\$25.00	735 ILCS 5/12-1001(b)
Cicero IL 60804 Line from Schedule A/B: 6.3			100% of fair market value, up to any applicable statutory limit	

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Case number (if known)

Debtor 1 I UIS FNRIQUE ZAMARRIPA

tor 1 LUIS ENRIQUE ZAMARRIPA	Document	Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
SOFA AND CHAIR Location: 3732 S. 57TH AVENUE, Cicero IL 60804 Line from Schedule A/B: 6.4	\$75.00	\$75.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
2 BEDS WITH FRAME AND DRESSE Location: 3732 S. 57TH AVENUE, Cicero IL 60804 Line from <i>Schedule A/B</i> : 6.5	ER \$150.00	\$150.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
WASHER AND DRYER Location: 3732 S. 57TH AVENUE,	\$50.00	\$50.00	735 ILCS 5/12-1001(b)
Cicero IL 60804 Line from Schedule A/B: 6.6		100% of fair market value, up to any applicable statutory limit	
COMPUTER WITH DESK Location: 3732 S. 57TH AVENUE,	\$50.00	\$50.00	735 ILCS 5/12-1001(b)
Cicero IL 60804 Line from Schedule A/B: 7.1		100% of fair market value, up to any applicable statutory limit	
CELL PHONE Location: 3732 S. 57TH AVENUE,	\$100.00	\$100.00	735 ILCS 5/12-1001(b)
cicero IL 60804 ine from Schedule A/B: 7.2		□ 100% of fair market value, up to any applicable statutory limit	
MISC. WEARING APPARELL, SHOES, SHIRTS, UNDERGARMENT	\$100.00	\$100.00	735 ILCS 5/12-1001(a)
ine from Schedule A/B: 11.1		☐ 100% of fair market value, up to any applicable statutory limit	
Cash Location: 3732 S. 57TH AVENUE,	\$20.00	\$20.00	735 ILCS 5/12-1001(b)
Cicero IL 60804 ine from Schedule A/B: 16.1		100% of fair market value, up to any applicable statutory limit	
Checking: US BANK CHECKING ENDING 2535	\$100.00	\$100.00	735 ILCS 5/12-1001(b)
PO BOX 1800 SAINT PAUL MINNESOTA, 55101-0800 Line from <i>Schedule A/B</i> : 17.1		□ 100% of fair market value, up to any applicable statutory limit	
Savings: US BANK SAVINGS ACCOUNT ENDING 8550	\$100.00	\$100.00	735 ILCS 5/12-1001(b)
PO BOX 1800 SAINT PAUL, MINNESOTA 55101-0800 Line from Schedule A/B: 17.2		☐ 100% of fair market value, up to any applicable statutory limit	
2015 FEDERAL TAX REFUND ine from Schedule A/B: 28.1	\$5,341.00	\$3,230.00	735 ILCS 5/12-1001(b)
		□ 100% of fair market value, up to any applicable statutory limit	
2015 STATE TAX REFUND Location: 3732 S. 57TH AVENUE,	\$495.00	■ \$0.00	735 ILCS 5/12-1001(b)
Cicero IL 60804		☐ 100% of fair market value, up to any applicable statutory limit	

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3.		claiming a homestead exemption of more than \$160,375? Or adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
	No	
	Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
		No
		Yes

Official Form 106C

		Document	Page 19	of 48		
Fill in this information t	to identify you	ır case:				
Debter 4	O ENDIQUE	7.4.M.4.D.D.ID.4				
Debtor 1 LUIS	· · · · · · · · · · · · · · · · · · ·	ZAMARRIPA Middle Name	Last Name			
Debtor 2	vario	Wildele Parite	Lastrame			
(Spouse if, filing) First N	Name	Middle Name	Last Name			
United States Bankruptcy	y Court for the:	NORTHERN DISTRICT OF ILL	INOIS			
Casa numbar						
Case number					☐ Check	if this is an
						led filing
					amond	ica ming
Official Form 106	:D					
Schedule D: C	reditors	Who Have Claims	Secured	by Propert	У	12/15
Be as complete and accura	to as nossible	If two married people are filing togethe	er both are equ	ially responsible for si	innlying correct informa	tion If more snace
		out, number the entries, and attach it t				
number (if known).						
1. Do any creditors have cla	aims secured by	y your property?				
☐ No. Check this bo	x and submit th	his form to the court with your other	schedules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in all of the		ŕ		0	•	
Yes. Fill in all of the	ie iniormation	below.				
Part 1: List All Secur	red Claims					
2. List all secured claims.	If a creditor has r	more than one secured claim, list the cre-	ditor separately	Column A	Column B	Column C
		a particular claim, list the other creditors		Amount of claim	Value of collateral	Unsecured
much as possible, list the cla	aims in alphabeti	cal order according to the creditor's name	e.	Do not deduct the value of collateral.	that supports this claim	portion If any
AmeriCredit/GM				value of collateral.	Oldini	ii airy
2.1 Financial		Describe the property that secures t	the claim:	\$8,626.00	\$15,326.00	\$0.00
Creditor's Name		2015 CHEVROLET MALIBU	20899			
		miles				
		Location: 3732 S. 57TH AVE	NUE,			
		Cicero IL 60804				
Po Box 183583		As of the date you file, the claim is:	Check all that			
Arlington, TX 76	6096	apply. Contingent				
Number, Street, City, Stat		☐ Unliquidated				
rumber, eneet, eny, ena	.o u 2.p oouo	☐ Disputed				
Who owes the debt? Che	eck one.	Nature of lien. Check all that apply.				
_		☐ An agreement you made (such as r	mortanae or seci	ıred		
■ Debtor 1 only		car loan)	nortgage or seco	area		
Debtor 2 only						
Debtor 1 and Debtor 2 or		Statutory lien (such as tax lien, med	chanic's lien)			
At least one of the debto		☐ Judgment lien from a lawsuit				
☐ Check if this claim relaced community debt	tes to a	☐ Other (including a right to offset)				
community debt						
	Opened					
	04/15 Last					
	Active					
Date debt was incurred	6/30/16	Last 4 digits of account numb	ber 9964			
2.2 CITIZENS BANK	(Describe the property that secures t	he claim:	\$19,472.87	\$169,684.00	\$11,610.87
Creditor's Name		3732 S. 57TH AVENUE Cicer	o, IL			
ASSET RECOVE	ERY RJW	60804 Cook County	,			
350						
PO BOX 42021		As of the date you file, the claim is: apply.	Check all that			
Providence, RI ()2904	Contingent				
Number, Street, City, Stat	te & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Che	eck one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as r	mortgage or secu	ured		
Debtor 2 only		car loan)	- 0			
Debtor 1 and Debtor 2 or	nlv	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the debto	•	☐ Judgment lien from a lawsuit	manio 3 nenj			
	2 2					

Official Form 106D

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Debtor 1 LUIS ENRIQUE ZAMARI	RIPA	Case number (if know)		
First Name Middle Na	ame Last Name			
☐ Check if this claim relates to a community debt	Other (including a right to offset) SECONI	D MORTGAGE		
Date debt was incurred 2005	Last 4 digits of account number	24		
2.3 Synchrony Bank/ Old Navy	Describe the property that secures the claim:	Unknown	Unknown	Unknown
Creditor's Name	Charge Account			
	J			
	As of the date you file, the claim is: Check all that	_		
Po Box 965064	apply.			
Orlando, FL 32896	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who awas the doht? Chask and	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or car loan)	secured		
Debtor 2 only	_			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	account for wearing ap	parei	
Opened 9/08/06 Last Active Date debt was incurred 9/06/07	Last 4 digits of account number 683	66		
3/00/07	Last 4 digits of account number			
2.4 Wells Fargo dba Americas Serv	Describe the property that secures the claim:	\$161,822.00	\$169,684.00	\$0.00
Creditor's Name	3732 S. 57TH AVENUE Cicero, IL			
1000 Blue Gentian Rd.	60804 Cook County			
#300	As of the date you file, the claim is: Check all that			
Mac #X7801-02k Eagan, MN 55121	apply.			
	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
_	☐ An agreement you made (such as mortgage or	secured		
Debtor 1 only	car loan)	Secured		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien	`		
I I At least one of the debtors and another)		
At least one of the debtors and another Check if this claim relates to a	☐ Judgment lien from a lawsuit	,		
☐ At least one of the debtors and another☐ Check if this claim relates to a community debt		,		
☐ Check if this claim relates to a community debt	☐ Judgment lien from a lawsuit	,		
☐ Check if this claim relates to a community debt Opened	☐ Judgment lien from a lawsuit	,		
☐ Check if this claim relates to a community debt	☐ Judgment lien from a lawsuit	rtgage		
☐ Check if this claim relates to a community debt Opened 04/06 Last	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) ☐ First Mo	rtgage		
☐ Check if this claim relates to a community debt Opened 04/06 Last	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) ☐ First Mo	rtgage		
Check if this claim relates to a community debt Opened 04/06 Last Date debt was incurred Active 07/16	Judgment lien from a lawsuit Other (including a right to offset) First Mo Last 4 digits of account number 420 olumn A on this page. Write that number here:	rtgage	87	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Fill in th		Document	Page 2	1 of 48	
	his information to identify your				
Debtor 1	1 LUIS ENRIQUE Z	'AMARRIPA			
	First Name	Middle Name	Last Name		
Debtor 2		Middle Massa	LastName		
(Spouse if,	f, filing) First Name	Middle Name	Last Name		
United S	States Bankruptcy Court for the:	NORTHERN DISTRICT OF I	LLINOIS		
Case nu	ımher				
(if known)					☐ Check if this is an
					amended filing
Jtt: ~: ~	ol Form 100F/F				
	al Form 106E/F	What Have Huasasina	d Claima		40/45
	dule E/F: Creditors V			Part 2 for creditors with NONPRIORIT	12/15
schedule schedule eft. Attac	e G: Executory Contracts and Unexp e D: Creditors Who Have Claims Sec	pired Leases (Official Form 106G). cured by Property. If more space is ge. If you have no information to r	. Do not include s needed, copy	contracts on Schedule A/B: Property (any creditors with partially secured c the Part you need, fill it out, number t do not file that Part. On the top of any	laims that are listed in he entries in the boxes on the
	any creditors have priority unsecure				
	No. Go to Part 2.				
Part 2:		TY Unsecured Claims			
	any creditors have nonpriority unse	ecured claims against you?			
ПΝ	In Value have nothing to report in this i	nart. Submit this form to the court wit	th your other ech	adulas	
		part. Submit this form to the court wit	th your other sch	edules.	
□ N ■ Y		part. Submit this form to the court wit	th your other sch	edules.	
4. List unse	des. all of your nonpriority unsecured caured claim, list the creditor separate one creditor holds a particular claim,	claims in the alphabetical order of	the creditor wh ed, identify what	o holds each claim. If a creditor has mo type of claim it is. Do not list claims alrea h three nonpriority unsecured claims fill o	dy included in Part 1. If more
4. List	des. all of your nonpriority unsecured caured claim, list the creditor separate one creditor holds a particular claim,	claims in the alphabetical order of	the creditor wh ed, identify what	o holds each claim. If a creditor has mo type of claim it is. Do not list claims alrea	dy included in Part 1. If more
4. List unse than Part	des. all of your nonpriority unsecured cecured claim, list the creditor separate one creditor holds a particular claim, 2.	claims in the alphabetical order of a larger of the state	the creditor wh ed, identify what	o holds each claim. If a creditor has mo type of claim it is. Do not list claims alrea	dy included in Part 1. If more ut the Continuation Page of
4. List unse than Part	des. all of your nonpriority unsecured caured claim, list the creditor separate one creditor holds a particular claim,	claims in the alphabetical order of a larger of the state	the creditor wh ed, identify what u have more than	o holds each claim. If a creditor has mo type of claim it is. Do not list claims alrea	dy included in Part 1. If more ut the Continuation Page of
4. List unse than Part	All of your nonpriority unsecured concurred claim, list the creditor separate one creditor holds a particular claim, 2. FIRST NATIONAL COLLEC BUREAU Nonpriority Creditor's Name	claims in the alphabetical order of all your each claim. For each claim lists list the other creditors in Part 3.If you	the creditor wheed, identify what u have more than	o holds each claim. If a creditor has mo type of claim it is. Do not list claims alrea three nonpriority unsecured claims fill o	dy included in Part 1. If more ut the Continuation Page of Total claim
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4.1 List unse than Part	All of your nonpriority unsecured coured claim, list the creditor separate one creditor holds a particular claim, 2. FIRST NATIONAL COLLEC BUREAU Nonpriority Creditor's Name 610 WALTHAM WAY Sparks, NV 89434 Number Street City State Zlp Code Who incurred the debt? Check one Debtor 1 only Debtor 2 only At least one of the debtors and ar Check if this claim is for a comdebt Is the claim subject to offset?	Claims in the alphabetical order of only for each claim. For each claim lists list the other creditors in Part 3.If your claim. TION Last 4 digits of act when was the delember of the date your claim. Contingent Unliquidated Disputed Type of NONPRICE Claim. Type of NONPRICE Claim. Student loans Cobligations aris report as priority claim.	the creditor whed, identify what u have more than coount number bt incurred? u file, the claim DRITY unsecure sing out of a seplaims	o holds each claim. If a creditor has mo type of claim it is. Do not list claims alrea three nonpriority unsecured claims fill of 8212 6/2015 is: Check all that apply d claim:	dy included in Part 1. If more ut the Continuation Page of Total claim \$1,277.19
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4.1 List unse than Part	All of your nonpriority unsecured coured claim, list the creditor separate one creditor holds a particular claim, 2. FIRST NATIONAL COLLEC BUREAU Nonpriority Creditor's Name 610 WALTHAM WAY Sparks, NV 89434 Number Street City State Zlp Code Who incurred the debt? Check one Debtor 1 only Debtor 2 only At least one of the debtors and ar Check if this claim is for a comdebt Is the claim subject to offset?	Claims in the alphabetical order of only for each claim. For each claim lists list the other creditors in Part 3.If your claim. TION Last 4 digits of act when was the delember of the date your claim. Contingent Unliquidated Disputed Type of NONPRICE Claim. Type of NONPRICE Claim. Student loans Cobligations aris report as priority claim.	the creditor whed, identify what a have more than a count number bt incurred? Unified the claim of the claim of the claim out of a seplaims on or profit-sharin COLLECTI	o holds each claim. If a creditor has mo type of claim it is. Do not list claims alrea three nonpriority unsecured claims fill of 8212 6/2015 is: Check all that apply d claim:	dy included in Part 1. If more ut the Continuation Page of Total claim \$1,277.19
4.1 List unse than Part	All of your nonpriority unsecured coured claim, list the creditor separate one creditor holds a particular claim, 2. FIRST NATIONAL COLLEC BUREAU Nonpriority Creditor's Name 610 WALTHAM WAY Sparks, NV 89434 Number Street City State Zlp Code Who incurred the debt? Check one Debtor 1 only Debtor 2 only At least one of the debtors and ar Check if this claim is for a comdebt Is the claim subject to offset?	Claims in the alphabetical order of ally for each claim. For each claim lists the other creditors in Part 3.If you will be a soft the other creditors in Part 3.If you will be a soft the date you wil	the creditor whed, identify what u have more than coount number bt incurred? Uffile, the claim ORITY unsecured laims on or profit-sharing LUNDSTRO	o holds each claim. If a creditor has mo type of claim it is. Do not list claims alrea in three nonpriority unsecured claims fill of three nonpriority unsecured claims fill of the following secured claims fill of the following claim: d claim: aration agreement or divorce that you did not plans, and other similar debts ON FORM ORIGINAL CREDITORING -& GE MONEY BANK	dy included in Part 1. If more ut the Continuation Page of Total claim \$1,277.19

Document Page 22 of 48 Debtor 1 LUIS ENRIQUE ZAMARRIPA Case number (if know) 4.2 \$137.00 **ICS/Illinois Collection Service** Last 4 digits of account number 4362 Nonpriority Creditor's Name Po Box 1010 When was the debt incurred? **Opened 07/14** Tinley Park, IL 60477 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other, Specify Collection Attorney Illinois Eye Institute ☐ Yes 4.3 **ICS/Illinois Collection Service** Last 4 digits of account number 9533 \$381.00 Nonpriority Creditor's Name Po Box 1010 When was the debt incurred? **Opened 09/13** Tinlev Park, IL 60477 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other, Specify Collection Attorney Illinois Eye Institute ☐ Yes LUIS **ILLINOIS COLLEGE OF ZAMARRIP OPTOMETRY** \$990.20 4.4 Last 4 digits of account number Nonpriority Creditor's Name 3241 SOUTH MICHIGAN AVENUE When was the debt incurred? 2015 Chicago, IL 60616 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **EYE EXAM AND TREATMENT**

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LUIS ENRIQUE ZAMARRIPA

Last 4 digits of account number 8829

4.5	ILLINOIS EYE INSTITUTE	Last 4 digits of account number 8829	\$51.00
	Nonpriority Creditor's Name 3241 S. MICHIGAN AVE Chicago, IL 60616	When was the debt incurred? 06/14/16	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify MEDICAL TREATMENT FOR EYE	
4.6	ILLINOIS EYE INSTITUTE	Last 4 digits of account number 8829	\$33.90
	Nonpriority Creditor's Name 3241 SOUTH MICHIGAN AVE Chicago, IL 60616	When was the debt incurred? 2015	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify EYE EXAM AND TREATMENT	
	MIDLAND CREDIT MANAGEMENT,		
4.7	INC. Nonpriority Creditor's Name	Last 4 digits of account number 4224	\$999.99
	PO BOX 60578 Los Angeles, CA 90060-0578	When was the debt incurred? 2005	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify CELLULAR SERVICE	
	□ 165	Other. Specify OLLEGIAN GENTION	

Official Form 106 E/F

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Debtor 1 LUIS ENRIQUE ZAMARRIPA

Us Bank	Last 4 digits of account number	3037	\$692.00
Nonpriority Creditor's Name 4325 17th Ave S Fargo, ND 58125	When was the debt incurred?	Opened 10/14 Last Active 6/27/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card FOOD, GAS	I- CHARGE ACCOUNT FOR S, WEARING APPAREL	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

				10	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				To	otal Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	4,562.28
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	4,562.28

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Fill in this infor	mation to identify your	case:		
Debtor 1	LUIS ENRIQUE Z	AMARRIPA		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(ii kilowii)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

		Docume	ent Page 26 d)T 48	
Fill in this i	information to identify your	case:			
Debtor 1	LUIS ENRIQUE Z	ΔΜΔRRIPΔ			
20010	First Name	Middle Name	Last Name		
Debtor 2		No. 1 II. No.			
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numb	ner				
(if known)					☐ Check if this is an
					amended filing
Official	Form 10011				
	Form 106H	•			
Sched	ule H: Your Cod	ebtors			12/15
No Yes 2. With Arizona No. Yes. 3. In Coluin line Form 1	2 again as a codebtor only i	I lived in a community properties of the liver of the liver or legal equivalent liver ors. Do not include your fithat person is a guarantic liver or a guarantic or a guara	e with you at the time? spouse as a codebtor tor or cosigner. Make	y? (Community property ington, and Wisconsin.) if your spouse is filing sure you have listed the	states and territories include with you. List the person shown a creditor on Schedule D (Official chedule E/F, or Schedule G to fill
C	Column 1: Your codebtor lame, Number, Street, City, State and ZI	P Code		Column 2: The cred	litor to whom you owe the debt
				_	
3.1	Name			Schedule D, line	
				☐ Schedule E/F, lin☐ Schedule G, line	·
-				— Geriedale G, line	
	Number Street City	State	ZIP Code		
	•				
2.0				Польты в г.	
3.2	Name			Schedule D, line	
				☐ Schedule E/F, lin☐ Schedule G, line	
_				— Schedule G, IIIle	
	Number Street City	State	ZIP Code		
	,	Claro	211 0000		

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Fill in this informat	tion to identify your case:	
Debtor 1	LUIS ENRIQUE ZAMARRIPA	
Debtor 2 (Spouse, if filing)		
United States Ban	nkruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	_
Case number		Check if this is:
(If known)		☐ An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	<u>rm 106l</u>	MM / DD/ YYYY
Schedule	I: Your Income	12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	TRUCK DRIVER	phone caller for school
	Include part-time, seasonal, or self-employed work.	Employer's name	MMY TRANSPORT INC.	SCHOOL DISTRICT 99
	Occupation may include student or homemaker, if it applies.	Employer's address	629 BERKSHIRE CT. Downers Grove, IL 60516	3545 S. 61ST AVE Cicero, IL 60804
		How long employed to	here? 10 YEARS	2 YEARS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 11,468.17 405.17 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 11,468.17 405.17

Official Form 106I Schedule I: Your Income page 1

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Debt	or 1	LUIS ENRIQUE ZAMARRIPA		Case	number (if known)			
				For	Debtor 1	For D	ebtor 2 or	
				FOI	Deptor 1		iling spouse	
	Cop	y line 4 here	4.	\$	11,468.17	\$	405.17	
	•			· —	,			
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	39.37	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify: MOVE DETENTION	5h.+	· · —	563.33	+ \$	0.00	
		INTERMODAL FEE		\$_	2,608.67	\$	0.00	
		OC INSURANCE		\$_	147.33	\$	0.00	
		FUEL PURCHASED		\$_	2,427.19	\$	0.00	
		MMY TRANSPORT INC.		\$_	2,795.82	\$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	8,542.34	\$	39.37	
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,925.83	\$	365.80	
8.		all other income regularly received:						
	8a.	Net income from rental property and from operating a business, profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total		_				
	01	monthly net income.	8a.	\$_	0.00	\$	0.00	
	8b. 8c.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	oc.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	ıt					
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$_	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive						
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	ce					
		Nutrition Assistance Program) or housing subsidies.						
		Specify: FOOD STAMPS FROM IDHS	8f.	\$	338.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
_			_ [_				
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	338.00	 \$	0.00	
							$\neg \neg \vdash$	
10.	Calc	sulate monthly income. Add line 7 + line 9.	10. \$		3,263.83 + \$_	36	5.80 = \$	3,629.63
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.		e all other regular contributions to the expenses that you list in <i>Schedul</i>						
		de contributions from an unmarried partner, members of your household, you	ur depend	dents,	your roommates	s, and		
		r friends or relatives. lot include any amounts already included in lines 2-10 or amounts that are no	ıt availah	le to r	nav exnenses list	ed in Sc	hedule .I	
	Spec		ravanab	10 to p	ay expended not	00 111 001	11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The re						
		e that amount on the Summary of Schedules and Statistical Summary of Certains	ain Liabi	lities a	and Related <i>Data</i>	, if it	12. \$	3,629.63
	appli	100						•
							Combine	
13.	Do v	you expect an increase or decrease within the year after you file this forr	m?				monthly	mcome
	,	No.						
		Yes. Explain: The employer will be cutting hours and possibly	v termi	nate	debtor employ	ment		
		cp.cyc be catting neare and peconol	,			,		

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Debtor 1 LUIS ENRIQUE ZAMARRIPA Debtor 2 Check if this is:	e:	
Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 8 Payers No Daughter 9 Pes No		
Company Company Court for the control Court for the count for th	An amended filing	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS MM / DD / YYYY		
Case number ((If known) Compose		
Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 8	WIND BOTTLE TO THE INCIDENT OF	
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:		
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:		
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:		
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:	enses	12/1
1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Fill out this information for each dependent	ible. If two married people are filing together, both are equally responsible for supplying attach another sheet to this form. On the top of any additional pages, write your name a	
No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Does Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son Bayes Yes No Dependent's relationship to Debtor 1 or Debtor 2 No No Yes		
☐ Yes. Does Debtor 2 live in a separate household? ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? ☐ No Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Fill out this information for each dependent		
□ No □ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? □ No □ No not list Debtor 1 and Debtor 2. □ No not state the dependents names. □ No □ No □ No □ No □ No □ No □ Yes	eparate household?	
2. Do you have dependents?	F-1-1-0 11-0-11-0-11-0	
Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Fill out this information for each dependent	Official Form 106J-2, Expenses for Separate Household of Debtor 2.	
Debtor 2. Debtor 1 or Debtor 2 age live with you? Do not state the dependents names. Son Baughter Daughter Debtor 1 or Debtor 2 age live with you? No No No Yes No Yes No Yes No Yes No Yes	0	
Son 8 Yes No	es	
Daughter 9 Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes	— ···	
Daughter 9		
□ No □ Yes □ No □ No □ Yes □ Yes		
□ No □ Yes		
2 De your expenses include		
2 Do your expenses include		
• • • • • • • • • • • • • • • • • • •		
expenses of people other than yourself and your dependents?	□Yes	
Part 2: Estimate Your Ongoing Monthly Expenses	nthly Expenses	
Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in applicable date.	nkruptcy filing date unless you are using this form as a supplement in a Chapter 13 cas	
Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 1061) Your expenses	e included it on Schedule I: Your Income	
(Official Form 106I.)	Tour expenses	
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 1,300.00		0.00
If not included in line 4:		
4a. Real estate taxes 4a. \$ 0.00	4a. \$	0.00
4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00	nter's insurance 4b. \$	0.00
4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00		
4d. Homeowner's association or condominium dues 4d. \$ 0.00 5. Additional mortgage payments for your residence, such as home equity loans 5. \$ 0.00		

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Debtor 1	LUIS ENRIQUE ZAMARRIPA	Case num	ber (if known)	
6. Utili t	ies:			
6a.	Electricity, heat, natural gas	6a.	\$	189.00
6b.	Water, sewer, garbage collection	6b.	\$	150.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		275.00
6d.	Other. Specify: ALARM SERVICE	6d.		50.00
	DRINKING WATER		\$	80.00
. Food	I and housekeeping supplies			886.00
	dcare and children's education costs	8.	·	200.00
	ning, laundry, and dry cleaning	9.		200.00
	onal care products and services	10.	·	
			•	70.00
	cal and dental expenses	11.	a	125.00
	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	320.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	50.00
	itable contributions and religious donations	14.	·	
	•	14.	Ψ	100.00
5. Insu	of include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance deducted from your pay or included in lines 4 or 20.	15a.	\$	0.00
	Health insurance	15a.	·	0.00
	Vehicle insurance	15b.	· ·	183.00
	Other insurance. Specify:	15d.	Ф	0.00
o. raxe Spec	s. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	¢	0.00
	illment or lease payments:		Ψ	0.00
	Car payments for Vehicle 1	17a.	\$	360.00
	Car payments for Vehicle 2	17b.		
	• •	17b. 17c.	· ·	0.00
	Other. Specify:			0.00
	Other. Specify:	17d.	a	0.00
	payments of alimony, maintenance, and support that you did not report as		\$	0.00
	Incted from your pay on line 5, Schedule I, Your Income (Official Form 106I). In payments you make to support others who do not live with you.	10.	\$	0.00
		19.	Ψ	0.00
Spec	r real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		our Incomo	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.		0.00
			·	
	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.	· ·	150.00
	Homeowner's association or condominium dues	20e.		0.00
1. Othe	r: Specify:	21.	+\$	0.00
2 Calc	ulate your monthly expenses			
	Add lines 4 through 21.		\$	4,688.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	4,000.00
			·	4 200 55
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,688.00
3. Calc	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,629.63
	Copy your monthly expenses from line 22c above.	23b.		4,688.00
_00.	Supplies the supplies of the s	200.		7,000.00
230	Subtract your monthly expenses from your monthly income.			
_00.	The result is your <i>monthly net income</i> .	23c.	\$	-1,058.37
	•			
	ou expect an increase or decrease in your expenses within the year after yo			
	kample, do you expect to finish paying for your car loan within the year or do you expect you	r mortgage _l	payment to increase	e or decrease because of a
	ication to the terms of your mortgage?			
■ N				
\square Y	es. Explain here:			

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					<u>-</u>
Fill in this info	ormation to identify your	case:			
Debtor 1	LUIS ENRIQUE Z	AMARRIPA			
	First Name	Middle Name	Last Name		
Debtor 2	First Name	Middle Nove	Last Name		
(Spouse if, filing)	riist name	Middle Name	Last Name		
United States I	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
0((:::15:	4000				
	<u>rm 106Dec</u>				
Declara	ntion About a	ın Individual	Debtor's S	Schedules	12/15
If two married	people are filing together	r, both are equally respo	nsible for supplying o	correct information.	
You must file t	his form whenever you fi	le bankruptcy schedules	or amended schedu	les. Making a false sta	tement, concealing property, or
obtaining mon	ey or property by fraud ir	n connection with a bank			000, or imprisonment for up to 20
years, or both.	18 U.S.C. §§ 152, 1341, 1	519, and 3571.			
Si	ign Below				
Did you p	pay or agree to pay some	one who is NOT an attor	ney to help you fill ou	ut bankruptcy forms?	
■ No					
☐ Yes.	Name of person				nkruptcy Petition Preparer's Notice,
				Declaratio	n, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules	filed with this declarat	ion and
uiat uiey i	are true and correct.				
	JIS ENRIQUE ZAMARE		X		
	ENRIQUE ZAMARRIPA ture of Debtor 1	A	Signature	e of Debtor 2	

Date

Date **July 26, 2016**

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Fill	in this inform	nation to identify you	r casa:							
Der	otor 1	LUIS ENRIQUE 2 First Name	Middle Name	Last Name						
	otor 2 use if, filing)	First Name	Middle Name	Last Name						
Uni	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS						
	se number own)				_	Check if this is an				
Sta Be a info	s complete a	of Financial	attach a separate sheet to	are filing together, both are	ankruptcy equally responsible for sup additional pages, write you					
	<u> </u>		arital Status and Where You	Lived Before						
1.	What is your	current marital statu	ıs?							
	■ Married □ Not mar	ried								
2.	During the last 3 years, have you lived anywhere other than where you live now?									
	■ No □ Yes. List	No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there				
3. state	es and territorion				ity property state or territor co, Texas, Washington and V					
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	hedule H: Your Codebtors (O	fficial Form 106H).						
Par	t 2 Explain	n the Sources of You	r Income							
4.	Fill in the tota	I amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part-		ndar years?				
	□ No ■ Yes. Fill	in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
From January 1 of current year until the date you filed for bankruptcy:			☐ Wages, commissions, bonuses, tips	s, \$19,756.02						
			Operating a business		☐ Operating a business					

Official Form 107

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Debtor 1 LUIS ENRIQUE ZAMARRIPA

		Debtor 1		Debtor 2						
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)					
	r last calen anuary 1 to		31, 2015)	☐ Wages, commissions, bonuses, tips	\$44,988.00	☐ Wages, commissions, bonuses, tips				
				Operating a business		☐ Operating a business				
For the calendar year before that: (January 1 to December 31, 2014)						☐ Wages, commissions, bonuses, tips				
				Operating a business		☐ Operating a business				
	and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.									
				Debtor 1		Debtor 2				
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)			
Pa	rt 3: List	Certain Pa	ayments You	Made Before You Filed for	Bankruptcy					
6.	Are either ☐ No.	Neither D individual During the No. Yes	ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that crinot include	personal, family, or household re you filed for bankruptcy, di . each creditor to whom you paieditor. Do not include paymen payments to an attorney for the	Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more into the ford domestic support obligations bankruptcy case.	are defined in 11 U.S.C. § 10° of \$6,425* or more? n one or more payments and thations, such as child support a payments and thations are after the date of adjustment.	ne total amount you nd alimony. Also, do			
Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?										
		■ No.	Go to line 7							
		☐ Yes	List below e include pay	each creditor to whom you pai		the total amount you paid that ort and alimony. Also, do not i				

Total amount

paid

Amount you

still owe

Dates of payment

Creditor's Name and Address

Was this payment for ...

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7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.							
	■ No							
	☐ Yes. List all payments to an insider.							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?							
	Include payments on debts guaranteed or cosigned by an insider. No							
	Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
			paid	Still Owe	molade orde	noi o riamo		
Pai	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures						
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details.							
		Notices of the case	Court or oronov		Ctatus of th			
	Case title Case number	Nature of the case	Court or agency		Status of th	e case		
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.							
	No. Go to line 11.							
	☐ Yes. Fill in the information below.							
	Creditor Name and Address	Describe the Property		Date		Value of the		
	,					property		
	Explain what happened							
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.							
	Creditor Name and Address	Describe the action the	craditar took	Date	action was	Amount		
	Creditor Name and Address	Describe the action the creditor took			taken			
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?							
	■ No □ Yes							
Pai	t 5: List Certain Gifts and Contributions							
13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No								
	Yes. Fill in the details for each gift.							
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value		
	Person to Whom You Gave the Gift and Address:							

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8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer

Address

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Person's relationship to you

Date transfer was payments received or debts paid in exchange

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Debtor 1 **LUIS ENRIQUE ZAMARRIPA**

19.	ber	hin 10 years before you filed for bankrupt neficiary? (These are often called asset-prod No		y property to a	self-settle	d trust or similar device	of whic	h you are a	
		Yes. Fill in the details.							
	Name of trust		Description and v	alue of the pro	perty trans	sferred	rred Date Tr made		
Pai	t 8:	List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and S	torage Unit	s			
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.								
		Yes. Fill in the details.							
		nme of Financial Institution and Idress (Number, Street, City, State and ZIP de)	Last 4 digits of account number			Date account was closed, sold, moved, or transferred		Last balance ore closing or transfer	
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No								
		_ `							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe	Describe the contents		you still ve it?	
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?								
		No							
		Yes. Fill in the details.							
		Ime of Storage Facility Idress (Number, Street, City, State and ZIP Code)	to it?	to it? Address (Number, Street, City,		Describe the contents		you still ve it?	
Pai	t 9:	Identify Property You Hold or Control f	for Someone Else						
23.		Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
		No Yes. Fill in the details.							
	_	vner's Name Idress (Number, Street, City, State and ZIP Code)		(Number, Street, City, State and ZIP		Describe the property		Value	
Pa	t 10	Give Details About Environmental Info	ormation						
or	the	purpose of Part 10, the following definitio	ons apply:						
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								

to own, operate, or utilize it, including disposal sites.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 LUIS ENRIQUE ZAMARRIPA

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law.						
	Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and	Environmental law, if you know it	Date of notice		
		ZIP Code)				
25.	Have you notified any governmental unit of an	ny release of hazardous material?				
	Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or admir	nistrative proceeding under any enviro	onmental law? Include settlements a	nd orders.		
	■ No □ Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case		
Par	11: Give Details About Your Business or Co	onnections to Any Business				
27.	Within 4 years before you filed for bankruptcy	y, did you own a business or have any	of the following connections to any	business?		
	■ A sole proprietor or self-employed in	a trade, profession, or other activity, e	either full-time or part-time			
	☐ A member of a limited liability compar	ny (LLC) or limited liability partnership	(LLP)			
	☐ A partner in a partnership					
	☐ An officer, director, or managing exec	cutive of a corporation				
	☐ An owner of at least 5% of the voting	or equity securities of a corporation				
	■ No. None of the above applies. Go to Pa	rt 12.				
	Yes. Check all that apply above and fill in the details below for each business.					
		Describe the nature of the business	Employer Identification number			
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.			
	LUIG E ZAMARRIDA		Dates business existed			
	3732 S. 57TH AVE Cicero, IL 60804	1099- EMPLOYEE - INDEPENDENT CONTRACTOR	EIN: NONE			
		CONSIDERED SELF EMPLOYED FOR TAX PURPOSES	From-To 2006 TO PRESENT			
	•	RE CHAVEZ INCOME TAX 6405 W. 35TH ST BERWYN, IL 60402				
28.	28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.					
	■ No					
	NoYes. Fill in the details below.					
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued				
	,					

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Part	12: Sign Below		
are tro	ue and correct. I understand that making a	nancial Affairs and any attachments, and I decl i false statement, concealing property, or obtai \$250,000, or imprisonment for up to 20 years,	ining money or property by fraud in connection
/s/ L	UIS ENRIQUE ZAMARRIPA		
LUIS	ENRIQUE ZAMARRIPA	Signature of Debtor 2	
Sign	ature of Debtor 1		
Date	July 26, 2016	Date	
Did yo	ou attach additional pages to Your Statem	ent of Financial Affairs for Individuals Filing fo	or Bankruptcy (Official Form 107)?
■ No			
☐ Ye	s		
Did yo	. ,	ot an attorney to help you fill out bankruptcy for	rms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

connection

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Debtor 1	LUIS ENRIQUE	ZAMARRIPA		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Case number				
Jase number _ if known)				Observator Walter States
ii Kilowii)				☐ Check if this is ar amended filing

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's AmeriCredit/GM Financial	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	_
Description of 2015 CHEVROLET MALIBU	Retain the property and enter into a	Yes
property 20899 miles	Reaffirmation Agreement. Retain the property and [explain]:	
securing debt: Location: 3732 S. 57TH	Tretain the property and [explain].	
AVENUE, Cicero IL 60804		
Creditor's CITIZENS BANK	Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	=
Description of 3732 S. 57TH AVENUE Cicero,	☐ Retain the property and enter into a Reaffirmation Agreement.	Yes
property IL 60804 Cook County	Retain the property and [explain]:	
securing debt:		
Creditor's Wells Fargo dba Americas Serv	■ Surrender the property.	□ No
name:	Retain the property and redeem it.	•
	Retain the property and enter into a	Yes
Description of 3732 S. 57TH AVENUE Cicero,	Reaffirmation Agreement.	
property IL 60804 Cook County	☐ Retain the property and [explain]:	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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LUIS ENRIQUE ZAMARRIPA	Case number (if known)
g debt:	
List Varia Hassing d Dans and Dans artist access	
nexpired personal property lease that you listed rmation below. Do not list real estate leases. Ur	in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), filexpired leases are leases that are still in effect; the lease period has not yet ended the trustee does not assume it. 11 U.S.C. § 365(p)(2).
your unexpired personal property leases	Will the lease be assumed?
name: on of leased	□ No
	☐ TeS
name:	□ No
n of leased	☐ Yes
name:	□ No
n of leased	☐ Yes
name:	□ No
on of leased	☐ Yes
name:	□ No
n of leased	☐ Yes
name:	□ No
To Tourist	☐ Yes
name: on of leased	□ No
	☐ Yes
Sign Below	
nalty of perjury, I declare that I have indicated m hat is subject to an unexpired lease.	y intention about any property of my estate that secures a debt and any personal
UIS ENRIQUE ZAMARRIPA	X
S ENRIQUE ZAMARRIPA	Signature of Debtor 2
ature of Debtor 1	
July 26, 2016	Date
	List Your Unexpired Personal Property Leases lexpired personal property lease that you listed rmation below. Do not list real estate leases. Ur lissume an unexpired personal property lease if your unexpired personal property leases liame: In of leased

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-23995 Doc 1 Filed 07/26/16 Entered 07/26/16 20:06:13 Desc Main Document Page 45 of 48

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	LUIS ENRIQUE ZAMARRIPA		Case N	0.
		Debtor(s)	Chapte	7
	DISCLOSURE OF COMPEN	NSATION OF ATTOI	RNEY FOR I	DEBTOR(S)
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing per rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy,	or agreed to be p	aid to me, for services rendered or to
	For legal services, I have agreed to accept		\$	800.00
	Prior to the filing of this statement I have received		\$	0.00
	Balance Due		\$	800.00
2. \$	0.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	I have not agreed to share the above-disclosed comp	ensation with any other person	unless they are m	embers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name			
6.	In return for the above-disclosed fee, I have agreed to re	nder legal service for all aspect	s of the bankrupto	y case, including:
ł	 Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, states Representation of the debtor at the meeting of creditor [Other provisions as needed] Negotiations with secured creditors to represent a property of the secured creditors and application agreements and application secured creditors on horizontal control of the secured creditors. 	ement of affairs and plan which ors and confirmation hearing, ar educe to market value; exe ons as needed; preparation	may be required; ad any adjourned le	nearings thereof;
7. I	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding.			nces, relief from stay actions or
		CERTIFICATION		
	certify that the foregoing is a complete statement of any ankruptcy proceeding.	y agreement or arrangement for	payment to me for	or representation of the debtor(s) in
Jı	uly 26, 2016	/s/ ESPERANZA I NO	RIVERA-VALEN	ZUELA STATE OF IL
D	ate	ESPERANZA RIV 6282077 Signature of Attorne LAW OFFICES OI RIVERA-VALENZ 6418 W. OGDEN BERWYN, IL 6040 708-749-8600 Fa ATTORNEYESPE Name of law firm	y F ESPERANZA UELA, LLC 02 x: 708-749-8602	

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United States Bankruptcy Court Northern District of Illinois

In re	LUIS ENRIQUE ZAMARRIPA		Case No.	
		Debtor(s)	Chapter 7	
	VE	RIFICATION OF CREDITOR MA	ATRIX	
		Number of C	Creditors:	12
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of creditor	ors is true and correct to	the best of my
Date:	July 26, 2016	/s/ LUIS ENRIQUE ZAMARRIPA LUIS ENRIQUE ZAMARRIPA Signature of Debtor		

AmeriCredit/GM Financial Po Box 183583 Arlington, TX 76096

CITIZENS BANK
ASSET RECOVERY RJW 350
PO BOX 42021
Providence, RI 02904

FIRST NATIONAL COLLECTION BUREAU 610 WALTHAM WAY Sparks, NV 89434

ICS/Illinois Collection Service Po Box 1010 Tinley Park, IL 60477

ICS/Illinois Collection Service Po Box 1010 Tinley Park, IL 60477

ILLINOIS COLLEGE OF OPTOMETRY 3241 SOUTH MICHIGAN AVENUE Chicago, IL 60616

ILLINOIS EYE INSTITUTE 3241 S. MICHIGAN AVE Chicago, IL 60616

ILLINOIS EYE INSTITUTE 3241 SOUTH MICHIGAN AVE Chicago, IL 60616

MIDLAND CREDIT MANAGEMENT, INC. PO BOX 60578
Los Angeles, CA 90060-0578

Synchrony Bank/ Old Navy Po Box 965064 Orlando, FL 32896

Us Bank 4325 17th Ave S Fargo, ND 58125 Wells Fargo dba Americas Serv 1000 Blue Gentian Rd. #300 Mac #X7801-02k Eagan, MN 55121